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ABSTRACT

Presented are guidelines on planning and establishing a small, residential halfway house for the male adolescent/adult retardate in which mental health and use of the halfway house to replace institutionalization of selected retardates are emphasized. The halfway house is explained to be planned on premises of community participation and program needs to provide a sheltered social environment in which new roles and behaviors could be tried and developed. Length of residence is thought to be typically limited to 6 months to a year. The halfway house's overall objective is said to be that of assisting the client's transition from institution to community life. Topics discussed in planning and establishment of a halfway house include historical perspective, preliminary thinking and planning, funding and legal aspects, an initial working plan, three phases leading to separation from the halfway house and merger with community life, location and establishment of a halfway house, staffing, selection of residents, public relations and public education, actual prevocational training accomplished, social and personal training in community living, vocational rehabilitation program design, evaluation and research, and statistical design and conditions. (CB)

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A HANDBOOK FOR A SMALL HALFWAY HOUSE

FOR THE MALE ADOLESCENT-ADULT RETARDATE

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ABSTRACT

Institutionalization, considered as long term forced separation from society, is currently under heavy scrutiny from without the visable and invisable walls by criminologists, psychologists, and psychiatrists. From within, many inmates, mental patients, addicts and alcoholics who are institutionalized question the traditional isolation policies, no matter how humane they may seem, and ask and even demand (as at Attica) new rehabilitation processes to reinvolve them in society.

For many, the halfway house concept offers some promise for a variety of situations. It seems to provide firm but fair self-imposed guidelines until self motivation, self confidence and self discipline emerge. It helps to provide behavior alternatives, and stimulates personal pride and motivation. In the halfway house concept all of these personal factors are packaged within a growing sense of community and responsibility to self and to that community.

This paper focuses on only one facet of institutionalization - mental health and the use of the halfway house to replace the institutionalization of selected retardates. We hope from our experiences to provide a step by step handbook for application of halfway house techniques to the institutionalized retarded male adolescent and young adult in order to promote rehabilitation and growth for many who are often out of sight, out of mind and even sometimes out of conscience.

Introduction

Several notable attempts have been made in the past decade to reunite adult retardates with the community at large. The Bridgeport Experience (1969) notes explicitly that the residential program must be integrated into the overall policy objectives and social priorities of a community.

Kugel (1969) writes that in the past for whatever reason or combination of reasons, most of the nation's public residential facilities for the retarded, and also many private ones, are located in out-of-the-way communities. He adds that it should be our wish and intent to try to rehabilitate residents to the community rather than to segregate them and that such a reorientation in thinking will require considerable effort as public officials, administrators of institutions, professional workers, and the public come to understand that the handicapped and the retarded do not need to be moved aside but rather should be a part of the ongoing community process.

Earlier studies called for a total and comprehensive community plan like the proposals of Gardner and Nisonger (1962), and Frankel (1961). However, over the long term, many of these programs have been inconsistent and less than effective. Katz (1961), (1964), wrote extensively on successful comprehensive projects in California like the ILEP (Independent Living Rehabilitation Program) and the so-called "San Francisco Programs." He emphasized serving the physiological and psycho-social needs of retarded adults through a comprehensive program with two subdivisions of direct services and supportive aspects. Direct services would include comprehensive

personal, social and vocational evaluation coupled with counseling of clients, and their parents or relatives. These services would be coordinated with vocational preparation, job placement services and productive work in activity centers, sheltered workshops or supervised employment. Residential care would be available, whether in a foster home, a halfway house or in one's own home. Supportive aspects would include appropriate casefinding procedures, so that those needing special services could be referred to community agencies providing help. A program of public education concerning the nature of retardation would also be included in any of these comprehensive plans.

The planners of Rainbow House of New Bedford, Massachusetts, accepted most of these ideas of community participation and the comprehensive program, and in addition focused on concepts contained in a definition of a halfway house similar to those suggested by Wechsler (1960) and by Huseth (1964), who felt that the halfway house should provide a sheltered social environment in which new roles and behaviors could be tried and developed. The period of residence should be typically limited to from six months to a year (Wechsler 1960). The halfway house, as an aftercare facility, would be designed to assist the client's transition from institution to community life. It would facilitate the movement of the individual to the free community from his dependent existence in an institution in which he received total care, by providing an intermediate situation - a more independent, but still relatively simple life in a supervised residential facility (Huseth 1961). In the passage of time the supervision would ideally become more of an individual and internal factor than an external imposed thing.

With these concepts of the halfway house in mind it was hoped that Rainbow House could from its inception incorporate a comprehensive usage of existing community facilities and be that intermediate step for adolescent, young male adults who would gradually (within one to two years) be integrated into the New Bedford community. It was anticipated that any success at Rainbow House might truly serve as a progressive alternative to past and present institutionalization for many of the selected participants from state institutions and for the countless others who could be selected for such a program in the future.

Historical Perspective

Massachusetts, like many states, had legislation which ordered cities and towns to provide at least educational services for the mentally retarded living within their community. However, most towns caught in financial binds only paid lip service to the law prior to 1970. Community special education classes existed for the younger retarded children but it seemed easier and less costly to leave their adolescent and adult lives to a large institutional setting under state auspices, or to do little or nothing at all at the local level. In either setting, intellectual, social, vocational and personality development often times appeared stifled and in many cases regression took place.

Rainbow House was specifically conceived as a small pilot project to face these historical problems of retarded adolescents and adults and to meet and cope with the major problem of past comprehensive programs, namely, full and continued community coordination of its resources with careful planning for continued funding. In the process it was hoped that Rainbow House might offer the retarded participants, in a truly small home

setting, a better chance and climate for change, by actively fostering such changes through consistent individual counseling at each step of the rehabilitation process. The levels of counseling would range from vocational through full clinical procedures where needed.

A. Preliminary Thinking and Planning

The concept of Rainbow House as a New Bedford reality truly began with the report of the Massachusetts Vocational Rehabilitation Planning Commission (1968). In it, New Bedford was designated a high priority area for vocational rehabilitation services. This opened up the possibility of initial grant money based on both New Bedford's needs and New Bedford's human and physical potential to carry out such a program.

Encouraged by the results of this report, the Executive Director of the New Bedford Area Mental Health Clinic, Inc., began preliminary dialogue between concerned local agencies such as:

1. New Bedford Area Mental Health Clinic, Inc. and its Advisory Boards
2. New Bedford School System - Vocational Education
3. Paul A. Dever State School - Retardation
4. Concentrated Employment Programs - New Bedford
5. Southeastern Massachusetts University (Psychology Department)
6. Mayor's Office - New Bedford
7. St. Luke's Hospital - New Bedford
8. Trinity Church - New Bedford
9. Greater New Bedford Chapter for Retarded Children

Subsequently, the recommendations developed by this inter-agency advisory group were to first establish a local and comprehensive New Bedford plan to:

1. provide seed funding and insure the probability of continued funding.

2. enhance and assure direct service for the retarded with maximum local communication and coordination.

3. immediately assess the commitment of needed community agencies in order to reduce replication, misunderstanding and mistrust.

4. provide for expansion and involvement of existing educational facilities such as sheltered workshops and satellite work areas.

5. seek a halfway house and residence for retarded young males from the New Bedford community and the nearest state school for retardation.

6. develop a multi-disciplinary team to screen, evaluate, counsel, train, provide job opportunities, research and follow-up services for potential halfway house residents.

7. most important of all, to immediately seek out a full-time project director, and give him authority and responsibility for the project.

In retrospect and for the information of future halfway house planners, it is the authors' opinion that a key at this preliminary stage to any future successes in this kind of complicated community effort lies in item seven. The other six items initially succeed or fail based on the complete availability and strength of the director's position and the director himself. Past mistakes in all types of halfway house programs seem to find their origins in continuous uncertainty concerning where "the buck stops" at any given time and what committee is responsible to whom. A strong director operating with a two or three year personal commitment from a strong central position becomes the hub of all information and activity. Everyone concerned knows where to turn in the planning and functioning stages for an answer to the inevitable questions, local jealousies, misunderstandings and fears.

B. Funding and Legal Aspects

As a result of these inter-agency meetings, a committee was established under the direction of the Executive Director of the New Bedford Area Mental Health Clinic, Inc., to draft a proposal for financial support from the State Department of Education in the Commonwealth of

Massachusetts. The project was approved by the Division of Occupational Education and funded under the Vocational Education Acts of 1968. The Division of Occupational Education was able to allocate monies to the project due to P.L. 90-576, which has a section stipulating that federal funds for vocational training may be distributed for students who are handicapped.

Rainbow House received its first allocation of funds in December of 1970; the total award was for $94,000. Due to the lateness in receiving this award, Rainbow House provided services to the selected candidates for 32 weeks. The second grant request was approved for $107,000. and the program began on July 1, 1971. The monies from P.L. 90-576 enable the program to employ up to eleven (11) staff, establish vocational training initially in the areas of Janitorial Services and Food Preparation and provided for psychological testing materials, maintenance of the community residential center, and the leasing of a vehicle.

A second funding source was the Department of Mental Health's Foster Care Plan. This plan allows the Department of Mental Health to assign students presently residing in one of the five state schools for the retarded in the Commonwealth, to a community living setting at a rate of $5.50 per diem.

A third area of financial support to Rainbow House was the voluntary financial resources committed by local community groups concerned with the mentally retarded young adults. These groups enabled the New Bedford Area Mental Health Clinic, Inc., to purchase the original residential facility. With this firm funding the suggestions under item seven (a director) were

implemented and after several months screening, a competent project director was hired and assumed primary control and responsibility for all future activities.

C. An Initial Working Plan

Under the working terms of this first vocational education grant, the Rainbow Halfway House program was now designed to develop an effective vocational education training program, and at the same time to establish a residential community living setting, which when working together, would aid in eliminating many of the social, personal and vocational factors that often hinder the mentally handicapped young adult from continued gainful employment. At each step and at each level this dual program focused in personal-vocational self-reliance and independence rather than dependence or institutionalization.

Rainbow Halfway House as it evolved would then be a community sponsored residential community oriented setting that would evaluate and primarily develop a handicapped individual's socio-occupational ability and adequacy. The project's staff would coordinate and periodically examine this evaluation and implement an individualized plan, which when fulfilled in the community, might allow attainment of maximum potential for each resident of Rainbow Halfway House. There would be three planned phases leading to the goal of eventual separation from Rainbow House to return home to families or to small living apartments in groups of two or three.

1. Phase 1 (6 - 8 weeks)

Pre-vocational and social adjustment training at Rainbow and in the neighborhood. This would include sensitization to all aspects of independent and small group living; use of privacy; physical and mental hygiene; sex education; management of time

and resources, etc.

2. Phase 2 (About 20 weeks)

Sheltered Workshop training and conditioning to a daily work routine. This period would include on-the-job training experiences in the community. Fortunately, there were two such resources immediately available - the housekeeping/laundry training program at St. Luke's Hospital (20 weeks) and a proposed food preparation program utilizing the kitchen at Trinity United Methodist Church (20 weeks).

3. Phase 3

Gainful employment in the community arranged for those who were successful in Phase 2. Those who might fail would be reevaluated and probably recycled into Phase 2 in a new work setting.

D. Location and Establishment of a Halfway House

With demonstrated community support and acceptance, with firm funding, with a clear and reasonable plan scaled to this community, with a director who had both control and the responsibility, it was felt that only now was Rainbow House ready to move from the realm of planning and hoping to physical and geographical reality.

In a short time, a large (20 room) nursing home converted from an old mansion and complete with a barn and more than an acre in grounds was located. It was available complete with all furnishings (beds, etc.) and equipment (kitchen, fire escapes, etc.). It met the following requirements and was purchased at a reasonable price.

1. It could, with only minor modifications, provide a live-in apartment on the lower level for house parents.

2. It allowed for private and semi-private living for residents to a maximum of 10-15 young males on the upper two floors.

3. Geographically, it fit the needs of Phase 2 of "the original working plan" and was within easy walking distance of the hospital and the church training programs.

4. Neighborhood feeling was positive, especially since a possible alternative usage of the building was as a drug halfway house. The neighborhood council was consulted and was relatively enthusiastic about the retarded center in preference to the drug program.

5. As a former certified nursing home, the building already met and even surpassed all regulations of zoning, fire, safety, recreation and health requirements.

E. Staffing a Halfway House

The newly appointed director and his grant advisors from the parent mental health center were now ready for further staffing and also suggested an initial intake of 5-10 young men from the regional state school. With some preference for regional residents, the following service staff was proposed, interviewed and individuals hired with the appropriate responsibilities assigned to their positions.

1. Administration

a) Project Director as the first salaried employee of the Rainbow House. His duties included:

(1) Direct liaison with his immediate superiors at the New Bedford Area Mental Health Center

(2) All hiring, administration, supervision and evaluation of Rainbow House and its staff

(3) Budget and all outgoing reports

(4) Public Relations and all reports and liaison for federal, municipal and state aid

(5) In service training, supervision and staff professional growth

b) Resident Supervisors/House Parents - A young married couple who were recent college graduates and did not have children were hired. They would live in five days a week and set the general health, discipline and hygiene standards until the residents could evolve their own new life styles. They were accountable "in loco parentis" for instruction of trainees in budget management, consistency and dependability, preparing meals, and personal house and room care. The evening meal was to be a community meal, initially under the house parents' direction but cooked and carried out by the trainees. They would make weekly recommendations to the counseling staff concerning trainees in need of in-depth counseling. They could provide daily male and female role models for the trainees, and also maintain a close referral relationship with the staff psychologist and the director on individual problems as they came up. They would also keep a daily public and staff schedule and planning board for each trainee until the trainees would assume this task themselves. The house parents saw their own roles as more authoritarian than permissive and more teaching than counseling until each trainee successfully bridged the gap in his own mind where voluntary individual responsibility would be preferable to institutional conformity and to structured authority.

c) Secretary - A part-time secretary was hired who would work

with administration, clinical and rehabilitation staffs.

2. Clinical Staff

a) Social Worker - The social worker's role was a very complex one best defined as a total liaison and coordinator between the Rainbow House staff and program, the families of the trainees, the educational, training and recreational programs in the community and the state and local institutions. His immediate task as a full-time employee while screening applicants for residency would include a complete case study of each candidate at home and at the institution from which each would come, with the securing of all written and legal releases where needed and warranted. During the year he would be responsible for progress reports and continuous contact with parents and relatives of the residents. He would work with the psychologist by developing individual and group counseling and learning experiences for use with total staff and trainees. Daily routines and data for weekly staff meetings would be his responsibilities as would anything pertaining to a workable relationship or problems between residents and the community.

b) Psychiatrist and Psychologist - Since all residents would be screened out for psychological problems prior to admission, it was felt that the psychiatrist would serve mostly on a part-time consulting basis as needed for crisis work in psychotherapy or for medication. The psychologist would serve on a one day a week basis with the following duties:

(1) All modes of assessment, testing and a research proposal and design evaluating the first year

(2) Utilize diagnostic data to establish an effective and cognitive self profile on each trainee

(3) Personal counseling and therapy on a regular basis

(4) Providing counseling models and in-service training for the rehabilitation staff in particular

(5) To establish and maintain an individual and group counseling internship program from his senior psychology majors (10 to 12 counselors) of both sexes at Southeastern Massachusetts University (approximately 5 miles away)

(6) To be a catalyst between Rainbow and the psychological services in the city and region

(7) Clinical records and suggestions for weekly staffing

3. Rehabilitation Staff

a) Occupational Specialist - This individual would exercise his or her training and talents in the following ways:

(1) Testing of residents for vocational aptitude and interests

(2) Coordinate the pre-vocational (Phase 1) and actual training programs (Phase 2)

(3) Locate and maintain potential job contacts for Phase 3

(4) Vocational counseling sessions and individual progress reports in each stage

(5) Augment the case histories of the social worker with work histories and work potential studies

b) Pre-Vocational Counselor - His or her role included the following duties:

(1) Complete coordination with the occupational counselor on all vocational training and any overlapping duties from (a)

(2) Evaluation of medical, psychological and social vocational assessments, observed through daily rehabilitation on-the-job reports

(3) Design and execution of pre-vocational training and a smooth transition to Phase 2 in the house and in the community

(4) Assist and back up the social worker in his duties

c) Vocational Instructors - The initial plan called for two individuals, one with the food preparation course and one in the housekeeping/laundry course. They would be "on the job" people directly responsible for:

(1) Daily curriculum and progress reports on each individual

(2) Agreements between the hospital, the church food pre program and Rainbow House

(3) Recommendations for placement in Phase 3 or changes in placement during or after Phase 2

d) Part-Time Counselors - A group of 10 to 12 Southeastern Massachusetts University students (mostly female) who were taking a senior counseling course with the psychologist from Rainbow House. They would provide social models for behavior, tutoring services at night to upgrade reading and arithmetic skills, social and recreation experiences, personal friendships outside the staff itself and some counseling under the supervision of the psychologist. They would be expected to provide written and oral input at staff meetings concerning their individually chosen residents. They were expected to spend 3-5 hours per week with their trainees; they would provide weekend coverage for the house parents as needed.

F. Selection of Residents

All of the permanent staff participated in the selection of trainees based on the following general criteria:

1. Preference would be given to candidates who were permanent residents at the nearest State School and who originally came from the general area of Southeastern Massachusetts. This allowed for easier liaison between the relatives and the Rainbow House residents and staff. It was hoped that normal family relationships would more easily follow with physical proximity to their families, and with projected and

the observable progress and vocational successes of the residents.

In addition, the latest research (Garfinkel, 1969), on the population characteristics of residents of this state school was carefully reviewed by the Rainbow House Staff.

2. In Chronological age applicants must be 16-21.

3. Intelligance quotient (45-85)

4. Physically capable of a vocational program involving regular work hours (medical reports)

5. Social adequacy (Vireland Scores) indicating potential for success in community living

6. Complete parental-guardian cooperation and recommendation and legal transfers from State School

7. Personal motivation to come to Rainbow demonstrated by a series of short overnight visits prior to residence, and expressed preference to leave the institutional setting.

8. The State School and Rainbow staff prognosis for a successful placement and semi or independant living in one to two years.

9. No psychoses, serious neuroses, personality or behavior disorders (psychiatric reports)

Candidates who met these considerations were then scrutinized by the interdisciplinary staff at Rainbow House through:

1. Medical records and histories

2. Psychological evaluations

3. Social history including a personal follow-up right then of family, social and emotional backgrounds by the Rainbow Social Work Staff

4. Any available educational achievements and work histories

5. Personal interviews individually at the State School, at their homes and at Rainbow House during overnight visitations. Real understanding of the project, interest and personal motivation were the keys for final acceptance or rejection.

From approximately the fifteen final candidates of an original field of thirty, the staff selected five young men from the local state

residential school and one traumatic brain damage trainee from private sources. The six moved in on or about April 1, 1971. Others followed until at the end of the first year there were nine residents. This represented the peak enrollment for that year.

G. Public Relations and Public Education

1. A public hearing was held on the purposes and goals of Rainbow House prior to actual purchase. This led to the formation of a Neighborhood Council which subsequently met monthly at Rainbow House to discuss neighborhood grievances, questions and fears. These meetings have continued throughout the entire first year of operation and are planned as a permanent feature of public relations.

2. The project director, assistant director of the Mental Health Center, the local ward representatives, and neighbors formed a question and answer panel on the local radio talk show.

3. Follow-up news releases on events 1 and 2 and other publicity was furnished for local and regional papers.

H. Actual Pre-Vocational Training Accomplished

The Rainbow House director wanted to place the initial six trainees in a first work training setting which could provide under the rehabilitation staff supervision:

1. An assessment of trainee aptitudes, interests and abilities through systematic, supervised sampling in the major occupational areas - clerical work, skilled and semi-skilled occupations, service and sub-professional occupations.

2. A specified period for the evaluation of the student's performance in actual work stations

3. Personal assistance to our students in developing work confidence

4. Personal assistance to our students in developing acceptable work habits.

5. Individual help to determine individual work tolerances in actual or simulated work stations for each of our students

With these objectives in mind the rehabilitation staff involved the following agencies and concepts to implement these principles and to satisfy the requirements for Phases 1 and 2.

1. Massachusetts Rehabilitation Commission - additional foster care state funding
2. Division of Employment Service - Testing and Placement information
3. C.E.P. (Concentrated Employment Program) - On task vocational evaluation
4. ONBOARD possible job placements
5. Greater New Bedford Chapter for Retarded Children- social opportunities
6. Development of a community training map for residents, showing best routes and location of relevant facilities. This was done in conjunction with the Youth Resources Board, Model Cities Program and Call for Action Agency.
7. The Local Opportunity Center

Most important to Phase one was the gradual placement of trainees with a vocational adjustment center in the City of New Bedford. After several weeks of orientation to the residence house, the community at large and each other, through field trips and group meetings, the Center provided numerous daily tasks in the areas of domestic and clerical work, light industry and machine operation. There were a series of work stations and each trainee rotated stations in such a way that each received a variety of vocational tasks and training. The trainees were evaluated on ability and motivation for approximately 4-8 weeks on an 8-hour five day week, with payment for work completed. Consultation was direct and continuous between the Center director and the rehabilitation staff at Rainbow House and the families of the students.

Counseling was consistent each day between the trainees and both staffs. The trainees were responsible for packing their own lunches and movement (one half mile walk) back and forth from Rainbow House to the Center. After 6-8 weeks all six Rainbow trainees were examined on their performance and all were promoted to Phase 2 of vocational training. Any failure or lack of readiness at this point would have meant a referral for further assessment or pre-vocational training at a staellite or another sheltered workshop.

As the weather became colder state funding allowed for the renting of a micro-bus for transportation work purposes. Over the course of the year this proved much cheaper and less troublesome than an outright purchase of a vehicle and is highly recommended.

I. Community Living - Social - Personal Training

The Rainbow House staff began community living with several ideas in mind:

1. Since most trainees came from the same building at the state residential school, social patterns and power structures were already formed. The staff decided to challenge these in the new environment in order to actively foster some changes. The risk was that the same techniques would also foster new doubts and insecurities. We hoped to counteract these inevitable fears of the unknown and of change with our intensive counseling program and resources.

2. Whatever house rules or regulations which were created had a built-in self destruction mechanism with the time controlled by the progress of the residents themselves toward independent living. No rule was that fixed and irrevocable but rather was intended as a guide like the dividing white line on the highway and not as a physical restraint. Regarding point one, the staff deliberately placed the power figure-manipulator from the institutional setting with the next strongest appearing candidate who was the private referral. Other possible cliques and combinations were similarly thought out and separated, based on past histories

> of passiveness, homosexual tendencies, aggressiveness, dependency-independency, etc. All our efforts were aimed at developing self assurance and independence above any other single characteristic, since these attributes seemed to be the foundation for everything else outside the institution, and had always been provided for the residents by the formal institutional setting. In most cases this was the story of the past 8-10 years. To parallel uncertain and changing life styles outside the Rainbow House, room settings and actual room assignments were periodically altered. our one "single" room was used as a simple reward mechanism in some cases. The first room change provoked instant reaction from rage to sullenness but subsequent changes with some preparation, structuring and reasoning through counseling brought out the resourcefulness of most of the residents and resulted in natural behavior modifications which were most gratifying to the staff and residents.

Regarding point two, Rainbow House began with all the staff working directly out of the house. A gradual phase out of staff from "our trainee's home" began with phase two of the vocational training stage. It was natural then to first move the rehabilitation staff out to the scene of the rehabilitation. The clinical staff followed and at the end of the first year of operation were located and available for the trainees in the Mental Health Center itself about one-half mile from the Rainbow House. Also at the end of the first full year of operation the project director and secretary had moved to the Mental Health Center leaving increased responsibility on the trainees for house rules, cleanliness, cooking, etc. with diminsihing direction from the house parents who were all that remained living in at Rainbow from the original staff. With most of the original house authority figures removed geographically, but still readily available, their training roles were projected upon and largely assumed by:

(a) the student counselor trainees from SMU

(b) the house parents

(c) community resources like the Mental Health Clinic and the New Bedford School System which provided adult education services.

In essence, the important thing seemed to be that more and more control of how they lived and wanted to live was turned over to the trainees without pulling out structuring and direction and support when they needed it. After the first year the original trainees were directly responsible for and seemed capable of:

(a) bank accounts

(b) most purchasing

(c) local travel

(d) personal hygiene

(e) cooking (with some supervision)

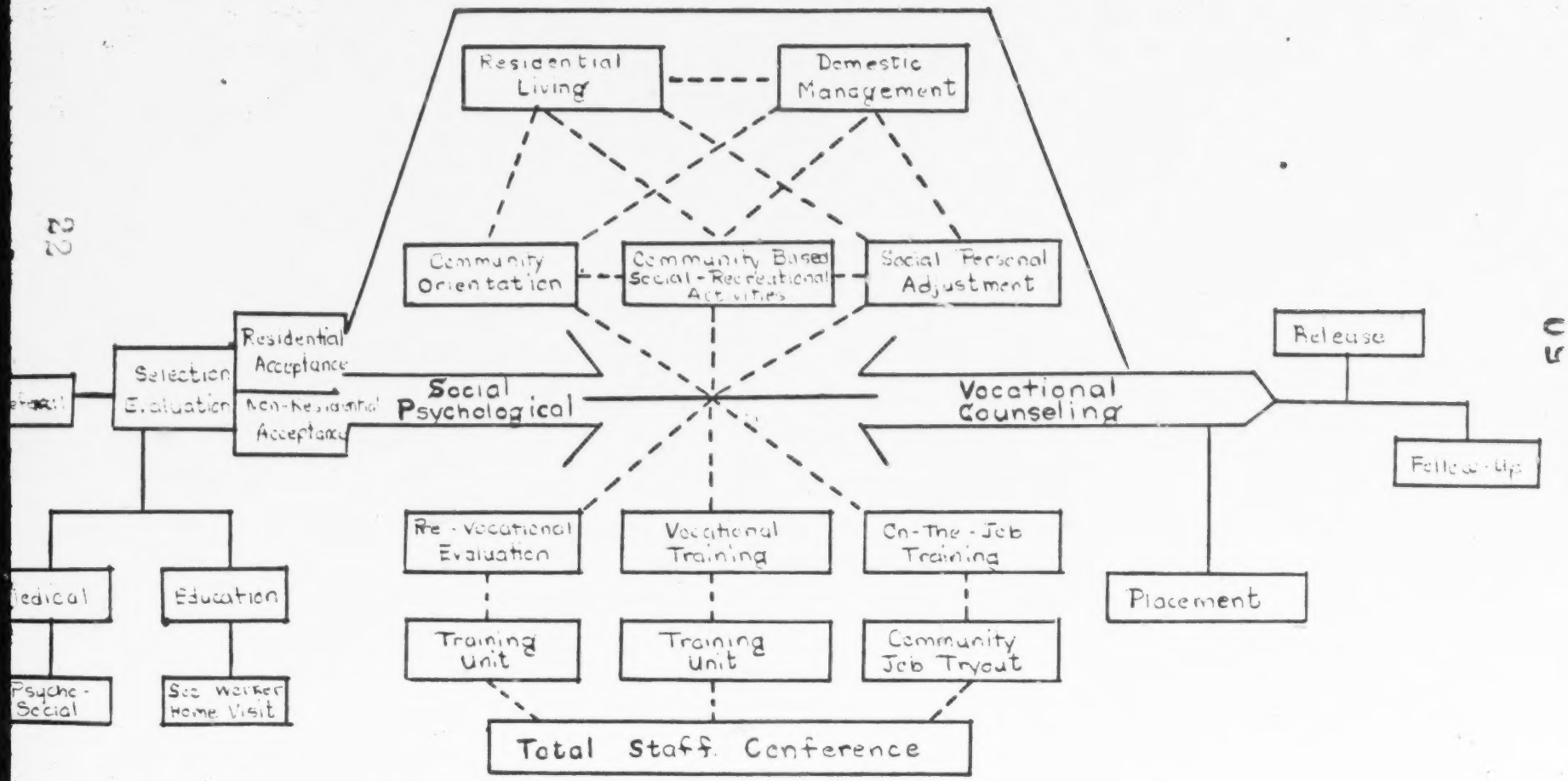
(f) most internal house problems

(g) consistent employment

(h) reasonable tolerance to sudden change in planning and frustration (large differences between individuals)

J. At this point, the following chart represents from left to right total process that became Rainbow House:

The Handicapi (Rainbow Halfway House) Vocational Rehabilitation Program Design



K. Modifications

As a result of continuous evaluation in the course of the first six months, several additions were made to supplement the flow chart plan especially in the social/psychological and vocational training areas.

1. After staff and community discussion, Rainbow House opened up its vocational training to an additional 36 selected retarded students in the New Bedford Public School System. These students continued to live at home but trained with Rainbow students. This in turn gave Rainbow House residents a wider social and heterosexual experience in a work setting. Both groups profited from each other's social and clinical staffs in the coordinated effort.

2. New on-the-job training opportunities were provided in custodial service, maintenance and repair, and rug and upholstery cleaning, through various companies.

3. The New Bedford YMCA and Boys Club volunteered additional recreational time and facilities to the joint training programs.

L. Evaluation and Research

An evaluation of the Rainbow House technique was planned in two stages. The first or ongoing stage consisted of a chronological summary week by week of the events and changes among and between individual residents. It was based on staff reports and observations and the results of weekly staffings on each resident. A summary report will be made at the close of the first year.

The second stage would be more empirical in nature. From the beginning the psychology staff realized that with a total statistical $\overline{N}$ of only 5 or 6, a true statistical evaluation relatively free of chance error was doubtful. However, the following research concept was adopted and is being implemented during the first year as a longitudinal pilot study.

Instruments

It was hypothesized that we would like to measure any changes in intellect, in social capacity, and in personality which occurred during the halfway house experience. For intelligence, a pre-post test using the WAIS was decided upon. For social adjustment, the Vineland Scale was selected. The WAIS and Vineland are well known and standardized instruments usable with retardates. However, the third test considered, the IPAT Form E is a new version of the standard IPAT (16PF) and is designed primarily for the culturally deprived and for those with a first to third grade reading and understanding level. It provides a bipolar scale of 16 personality variables and a numerical sten score which made it seem more useful than any other known personality evaluator for retardates for our particular setting. It can be read to the client and elicits simple responses which also made it seem particularly useful for our program and research into possible personality changes over the first year. There are other sentence completion tests and subjectively scored scales but none of them seemed to give as much easily comparable personality information as the IPAT. With all these factors considered, Form E was chosen as our personality instrument on an experimental basis.

Procedures

Pre-Test

A. On admission to Rainbow House in March 1971 the original five candidates comprising the experimental group were administered the IPAT Form E at that time. The state residential facility supplied a 1970 Vineland rating on each candidate at transfer to Rainbow House.

B. A matching control group was selected from the fifteen finalists for the original placement. Five young men who stayed at the state institution formed this control group based partly on the following criteria shared with the experimental five:

1) Age 16-23/males

2) Physically capable of benefit from a vocational education residential halfway home program (opinion of the State facility and Rainbow staff)

3) IQ (48-85)

4) Social adequacy performance (Vineland) (opinion of State School and Rainbow staff)

5) Prognosis for successful placement (personal motivation within one to two years) (Staff opinions)

The primary reasons that these five students in the control group did not go to Rainbow seemed to be 1) lack of parental or guardian approval; 2) lack of desire for change; 3) potential psychiatric or behavior problems.

Regarding the control group, WAIS or WISC (1970) scores were available at Dever. A follow-up WAIS was given by the Rainbow House staff psychologist in January 1972 to each of the control group. Vineland scores were available on the control group for 1969-70. A post-test Vineland was administered by the same Dever staff in March 1972. Pre and post IPATs were given at the State school by the Rainbow House psychologist with an elapsed time lag of 6-8 months.

Post test procedures for the experimental group included a second WAIS and a second IPAT in March 1972 by the same Rainbow House psychologist

who did the pre-testing. In addition, the Rainbow House parents, with the original evaluator at Dever as consultant, recorded a second Vineland in March 1972.

Statistical Design and Conditions

As previously mentioned, it is clear that an ordinary statistical design could not be used because of the low $\bar{N}$ involved (5-10). It is also clear that this project is only a local pilot design hoping to give some statistical credibility to any observable changes or differences between those who remained institutionalized and those who shared the halfway house experience. No causation could be implied by any of the results. All that might be said is that there is now some empirical evidence of degree, and possible direction of change of the experimental and control group. The design used is that of Regression-Discontinuity Analysis attributed to Thistlethwaite and Campbell in 1960. This design has some built-in allowances for a small sample, and some variables which can't be matched or completely accounted for in the ex post facto technique. If any significant changes are found at the .01 or .05 levels of significance, it has been suggested that this pilot study be expanded state wide to include hundreds of young men and women from other institutional settings who are not trying the halfway house means of total rehabilitation and training. Statistical results of this experiment at Rainbow House will be completed and compiled during the summer of 1972 and a full report of any significant changes or data will follow.

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